

EXAMPLE 1

NORTH CAROLINA MEDICAID REMITTANCE AND STATUS REPORT

ABC CORPORATION
ACCOUNTS RECEIVABLE DEPT
P O BOX 1111
ANYWHERE NC 22222

PROVIDER NUMBER		34XXXXX		REPORT SEQ. NUMBER		17		DATE		12/06/1999		PAGE		2	
NAME		SERVICE DATES		DAYS OR UNITS	PROCEDURE/ACCOMMODATION/DRUG CODE AND DESCRIPTION	TOTAL BILLED	NON ALLOWED	TOTAL ALLOWED	PAYABLE CUTBACK	PAYABLE CHARGE	OTHER DEDUCTED CHARGES	PAID AMOUNT	EXPLANA- TION CODES		
RECIPIENT ID		FROM	TO												
MM	DD	CCYY	MM	DD	CCYY										
FINANCIAL ITEMS: ADJUSTMENTS (PRINCIPAL, PENALTY, INTEREST), REFUND, PAYOUT ACTIVITY															
RECIPIENT NAME/ RECIPIENT ID		FROM DOS/ TXN DATES		ADJUSTMENT ICN/ ORIGINAL CCN	TRANSFER CCN	PROVIDER % W/H / ADJUSTMENT % W/H LESS THAN 100%	TRANSFER INDICATOR	ORIGINAL/ TRANSFER AMOUNT (A)	FROM PRIOR CYCLE (B)	AMOUNT COLLECTED (C)	WRITE-OFF AMOUNT (D)	ENDING BALANCE (B-C-D=E) (E)	EOB		
ADJUSTMENTS NEGATIVE															
PRINCIPAL															
JONES MIRA 900846721Q		09/01/1999 11/15/1999		931999307990020 1999309750040			N	50000	50000	00	00	50000	0112		
SMITH DONNA 900850166K		09/01/1999 10/18/1999		931999270990010 1999278750020			N	150000	150000	00	00	150000	0112		
SUB TOTAL:								200000	200000	00	00	200000			
PENALTY															
SMITH DONNA 900850166K		09/01/1999 11/25/1999		1999329400050			N	15000	15000	00	00	15000	2254		
SUB TOTAL:								15000	15000	00	00	15000			
INTEREST															
SMITH DONNA 900850166K		09/01/1999 11/25/1999		1999329500050			N	1287	1287	00	00	1287	2256		
SUB TOTAL:								1287	1287	00	00	1287			
TOTAL PPI:								216287	216287	00	00	216287			
(TOTAL OF COLUMN C FOR PRINCIPAL, PENALTY, AND INTEREST = TO "WITHHELD AMOUNT" ON CLAIMS PAYMENT SUMMARY PAGE)															

NOTE: Underlined items are fields that were expanded in order to become Y2K compliant